

FORM A

Initial Request for Disability Accommodation

1169 Edgewater Drive
Grundy, VA
Fax: (276) 935-8261
registrar@asl.edu

This Form A must be completed by the student and returned to the Registrar. The Initial Request will not be considered complete until relevant supporting documents (Forms B-F) have been submitted and the student has met with the Committee representatives. It is the student's responsibility to complete the Initial Request completely and truthfully, and in a timely manner.

■ Student Information

1.

First Name Middle Initial/Name Last Name Date Of Birth

2.

Student Address City State ZIP

3.

Phone Number

4. Academic Year for which you are requesting accommodation:

5. Please provide a general statement for your specific impairment(s). If known, please include the medical diagnosis for your impairment(s). (Example: ADHS, blind, hearing impaired, etc.)

6. Please describe the functional limitations related to your disability that directly affect your ability to complete the law school program without accommodation(s). This should include, at a minimum, a description of how your disability affects your classroom work and/or your test-taking ability.

7. When did you first acquire the disability? (approximate date or age)

8. When was your disability first diagnosed by a qualified professional? (approximate date or age)

a. By whom? Please include name, specialty/title, address, and telephone number.

■ Student Information (continued)

9. Is a treatment currently prescribed for your impairment? If so, please describe.

10. Have you previously been granted any accommodations at any secondary (high school) or post-secondary institution (undergraduate studies or graduate studies)? Yes No

a. If so, please describe the type of accommodations and the disability for which the accommodations were granted. Please also attach documentation of that accommodations. (Example: letter from school, notice of award of accommodation, IEP, etc.)

11. Did you request an accommodation for any admissions test to an undergraduate or graduate program? If so, please complete the following:

Test	Accommodations Requested?	Accommodations Requested?	If so, describe the accommodation.
PSAT			
SAT			
ACT			
GRE			
LSAT			
Other			

12. Have you ever had a request for accommodations denied? Yes No

a. If yes, please explain.

13. Please explain the testing or classroom accommodation(s) that you believe are necessary. If you are seeking additional time on testing, please specify the amount of additional time requested and the justification for that amount of time.

IMPORTANT NOTE: THIS REQUEST IS NOT COMPLETE UNTIL THE APPROPRIATE SUPPORTING DOCUMENTATION HAS BEEN SUBMITTED AND THE STUDENT HAS MET WITH THE COMMITTEE REPRESENTATIVES. ONE OR MORE OF FORMS B-F MUST BE SUBMITTED.

By signing this Form, I acknowledge that I have read and I understand the Accommodations Policy, that I must notify the Registrar of any changes in my disability or need for accommodation, and that all representations I have made regarding my disability and my need for accommodation are true and accurate.

Signature

Date